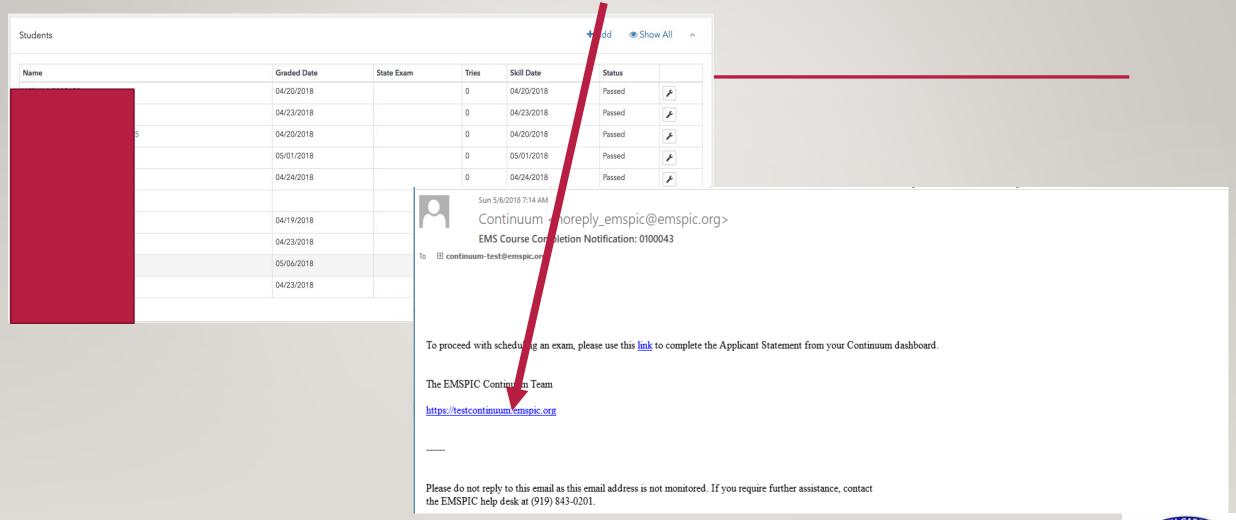
EXAMREGISTRATION PROCESS

HOW DO I REGISTER FOR AN EXAM



COURSE COMPLETION & REGISTRATION EMAIL

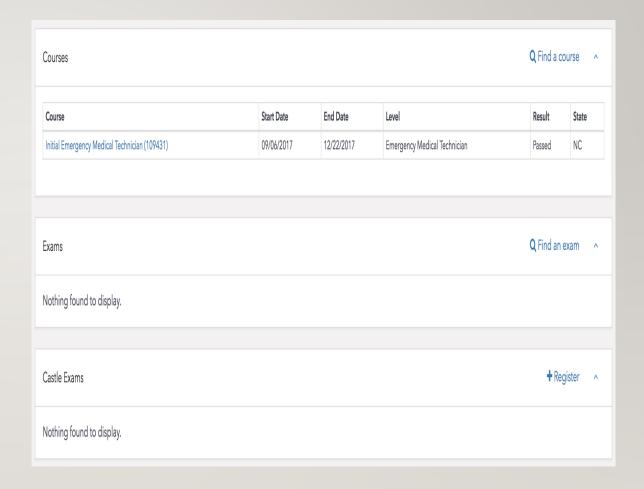
ONCE THE STUDENT IS PASSED IN THE APPROVE COURSE AN EMAIL TO COMPLETE THE APPLICANT STATEMENT WILL BE SENT



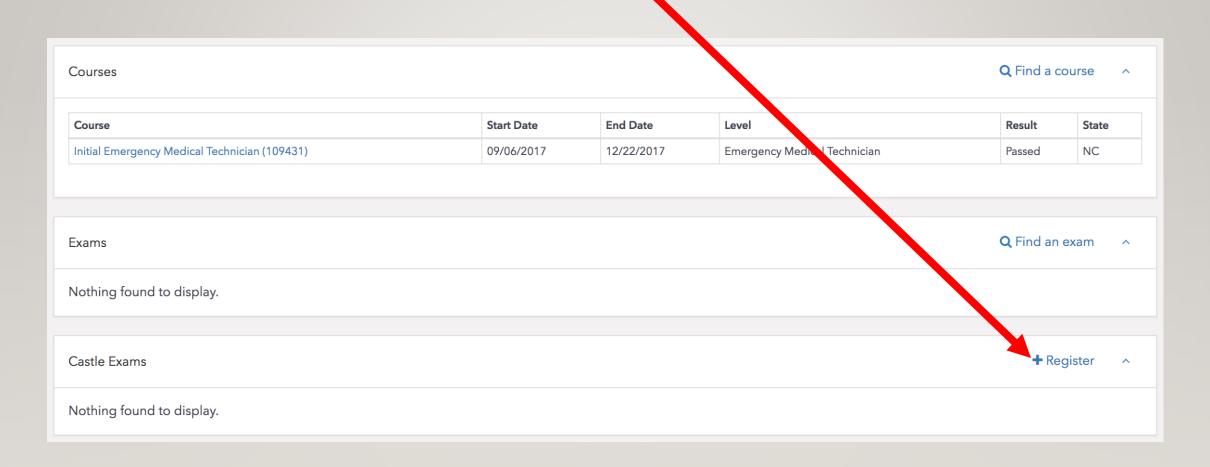


WHAT IF I DON'T RECEIVE A REGISTRATION EMAIL?

- •In the event the student did not receive a course completion and registration email
- •The student will need to access their profile in Continuum
- •Once on their profile, the student will need to scroll down to "Castle Exams"
- •Once at the "Castle Exams" section, the student may click on the "Register" button
- •By clicking on the register button, the student will begin the registration process



NO REGISTRATION EMAIL





APPLICANT STATEMENT

ALL STUDENTS MUST COMPLETE AN APPLICANT STATEMENT TO MOVE TO SCANTRON'S EXAM REGIST RATION

	NORTH CAROLINA DIVISION OF HEALTH SERVICE REGULATION
	Office of Emergency Medical Services
	Applicant Statement
Exam Code:*	
LAST NAME:*	USER
FIRST NAME:*	TESTBANK
MIDDLE NAME:	
P-NUMBER:*	P003562
PHONE NUMBER:*	55555555
SOCIAL SECURITY NUMBER:*	0001
_	r this or any other name, EVER been arrested, charged, convicted of, pled guilty or no contest to, or received a deferred sentence for a misdemeanor or any other state or nation, or while serving in the Armed Forces? If yes, list offenses, including year and verdict, below. Please list all aliases including sed.

APPLICANT STATEMENT

Applicant statement must be completed prior to authorization is granted:

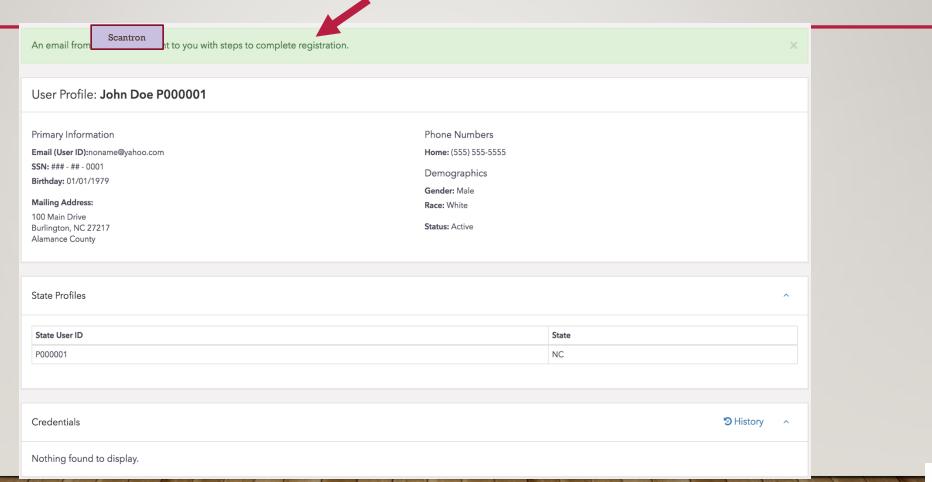
- •All sections must be completed
- Must be electronically signed

	ease be reminded	hat any citation	ns, arrests, charges, or convictions dealing with	misdemeanors or fel	onies that have been dismissed or are s	till in a pending status, should
TE	OFFENSE		OUTCOME/VERDICT/SENTENCE		UNDER WHAT NAME	Action
k on the	e + to add an item.					+
	Have you ever Emergency Me		to complete a criminal records check through	the State and Nationa	al Repositories of Criminal Histories by th	ne North Carolina Office of
	○ Yes	When?				
	○ No					
			ou currently the subject of an investigation and r any other state or nation?	or had any disciplina	ary action taken against you in connection	n with the performance of heal
	○ Yes	Credentent	ialing/Licensing Body:		Action Taken:	
	○ No					
		have you resid	ed out of the state of North Carolina any time	during the past 5 year	rs?	
	Do you now or					
	Do you now or	Why?				
,		Why?				
,	Yes No		r been required to register on the Sex Offendo	er Registry in this or a	ny other state or nation?	
,	Yes No		r been required to register on the Sex Offendo	er Registry in this or a	iny other state or nation?	
	Yes No Are you now o	have you eve	r been required to register on the Sex Offendo	er Registry in this or a	ny other state or nation?	
sidered onsible d North	Yes No Are you now o Yes No ertify that the inford as North Caroline to ensure my cru n Carolina EMS cre	where? mation provide a credentialed dential, I am in	ed in this form is true and complete to the bes EMS personnel until such time as I have succe credentialing requirements are completed. I for a violation of North Carolina Administrative Collerstand that misrepresentation or omission o	t of my knowledge, ii ssfully completed Al urther understand th: de and I may be sub	nformation and belief. Furthermore, I ur L. credentialing requirements. I also un at if I function as North Carolina credent ject to criminal, civil, or other disciplina	derstand that I am solely ialed EMS personnel without ry action. I authorize investiga



APPLICANT STATEMENT COMPLETED

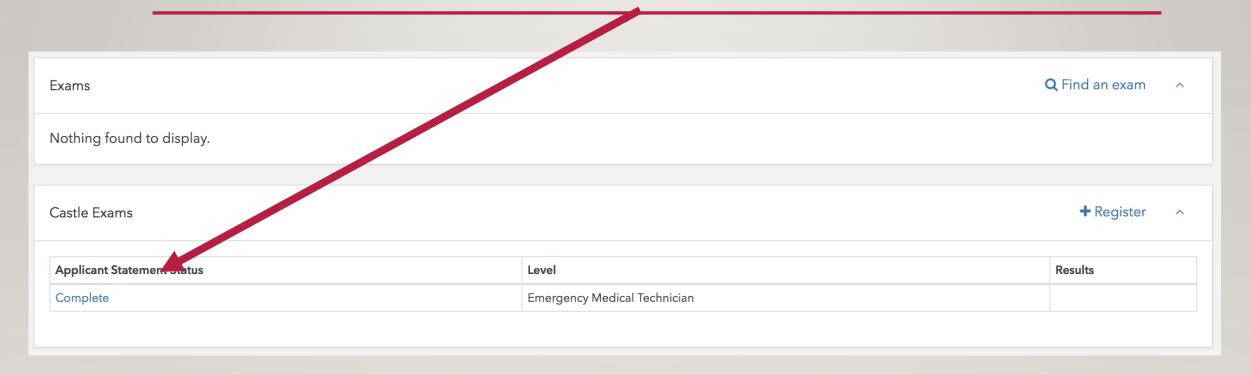
ONCE THE APPLICANT STATEMENT IS COMPLETED, CONTINUUM WILL DISPLAY A GREEN BANNER STATING, "AN EMAIL FROM SCANTRON WILL BE SENT TO YOU WITH STEPS TO COMPLETE REGISTRATION."





APPLICANT STATEMENT COMPLETED

ONCE THE APPLICANT STATEMENT IS COMPLETED, CONTINUUM WILL REFLECT SCANTRON EXAM REGISTRATION



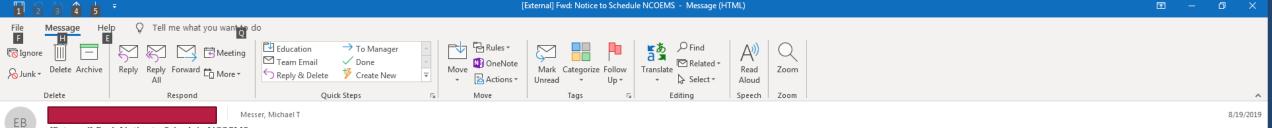


NOTICE TO SCHEDULE

- ONCE APPLICANT STATEMENT IS SUBMITTED
 - ☐ Scantron sends the candidate a notice to schedule
 - ☐ This email will come from scantron.com or candidatesupportservices@scantron.com
 - ☐ Usually received in 10-15 mins
 - ☐ If not received
 - ☐ Check Junk, Promotions, Spam, and Trash folders
 - ☐ Especially for Gmail and Yahoo
- ☐ THE NOTICE TO SCHEDULE INCLUDES
 - ☐ URL for scheduling system
 - ☐ Username and password for logging into the scheduling system







[External] Fwd: Notice to Schedule NCOEMS

(i) You replied to this message on 8/20/2019 12:37 PM.

If there are problems with how this message is displayed, click here to view it in a web browser.

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message

Notice to Schedule Examination

You are now ready to schedule your Emergency Medical Technician (EMT) examination. The scheduling website is listed below. Be sure to complete all the information required when scheduling. You will receive confirmation of your examination date and site by email.

If you have any questions regarding your registration, please contact Scantron at (919) 572-6880.

SCHEDULING WEBSITE

Password: 67mbgmwe

(Note: The password above is for scheduling only and is not the password needed to access your test(s) at the testing center.)

The exam registration fee is \$68. The registration fee must be paid online by credit card or voucher while submitting your scheduling request.

You must schedule at least four (4) business days prior to the date you wish to test, unless you have been pre-approved for reasonable accommodations (please see section below.)

IMPORTANT ADDITIONAL INFORMATION

Eligibility

Link:

Your eligibility is valid for a period of 90 days from the date your Notice to Schedule was initially sent. If you do not schedule your exam within your eligibility period, you will no longer be able to schedule your exam and you will need to contact North Carolina OEMS office for further information. Email reminders will be sent to eligible candidates who have not yet completed exam scheduling.

Testing centers are subject to change without notice, and testing centers maintain individual dates and times of operations. Testing appointments are made on a first come, first served basis.

Accordingly, you are encouraged to submit your application as soon as possible. However, testing centers may update their testing appointment offerings at any time. If new testing dates become available at your center of choice after you have scheduled your test, a rescheduling fee will apply to change your testing date and/or site. If you have any questions about testing center availability, please call Scantron at (919) 572-6880 prior to confirming an appointment.

Rescheduling

Please note that rescheduling refers to a process that occurs once you have scheduled a testing date and subsequently wish to change or amend the date, time or location of your scheduled exam. You may reschedule a testing appointment up to four (4) business days in advance of your testing appointment. Reschedule requests are not accepted within four (4) business days of your scheduled testing appointment. To reschedule your exam, click on the scheduling link above to log back into the scheduling system with the provided username and password. Once you have logged in, click on the link to reschedule. A \$35 non-refundable fee will apply to all rescheduled exams; the fee must be paid online at the time of the request.

Identification

You are required to present a valid, government-issued photo ID (e.g., driver's license, passport, state-issued ID card) on exam day; please ensure that your first and last name on the valid, government-issued photo ID EXACTLY match your first and last name as they appear on the scheduling screens. If your first and last names are incorrect, please contact North Carolina OEMS immediately at (919) 855-3935. If you have more than one last name listed on your government-issued ID, the same last names must be reflected on your confirmation email.

Right-click or tap and hold here to download pictures. To help protect your

privacy, Outlook prevented automatic download of this picture from the

Reasonable Accommodations

If you have been granted reasonable testing accommodations, you must submit your scheduling request at least seven (7) business days prior to the date you wish to test. This is to allow time to confirm your accommodations. Your scheduling request should not be considered final until you receive your official Scheduling Confirmation Notice. It may take a few days to confirm the accommodations with the test site. You will be contacted by Scantron via email within 3 business days of submitting your scheduling request, either with the Scheduling Confirmation Notice to confirm your requested appointment time or with other scheduling options.

Cancellation Policy

If you wish to cancel your appointment and terminate your eligibility, you must first cancel the testing session at least four (4) business days in advance of the testing appointment. Cancellation requests are not accepted within four (4) business days of your scheduled testing appointment. To cancel your exam, click on the scheduling link above to log back into the scheduling system with the username and password provided above. Once you have logged in, click on the link to cancel. A \$35 fee will apply to all cancellations; the fee must be paid online at the time of the request.





Welcome to the Castle Online Exam Registration System

Enter your username and password to submit your scheduling request.

te: If you have been granted reasonable testing accommodations, your scheduling request should not be considered final untiing Confirmation Notice. It may take a few days to confirm the accommodations with the test site. You will be contacted by C days of submitting your scheduling request, either with the Scheduling Confirmation Notice to confirm your requested appoint scheduling options.

Username:		
Password:		
	Submit	

Castle ** Intelligent solutions for quality testing	Examination Registration [Examination Name]			
ABOUT YOU				
Name*:				
Street Address*:				
City*:	▼ State/Province*: ▼ Postal Code*:			
Country*:	Email*:			
Home phone*:	Work phone: Mobile phone:			
CHOOSE A SITE				
Exam Scheduling Instructions				
If the values in the boxes to the right are n	oot where Country:			
you desire to test:				
Select desired country from the box at Select desired state (required for U.S.)				
3. Click "Get Locations" button, wait for				
reload, and then select you site and de	actiocations			
boxes below.				

Select Site
Location*

EXAM SCHEDULING

- Once you are eligible for testing you will receive a notice to schedule testing by email. This will provide a unique username and password, as well as directions on how to schedule a testing session through Scantron online test scheduling system.
- ☐ Candidates can select a Castle test site by geographic location

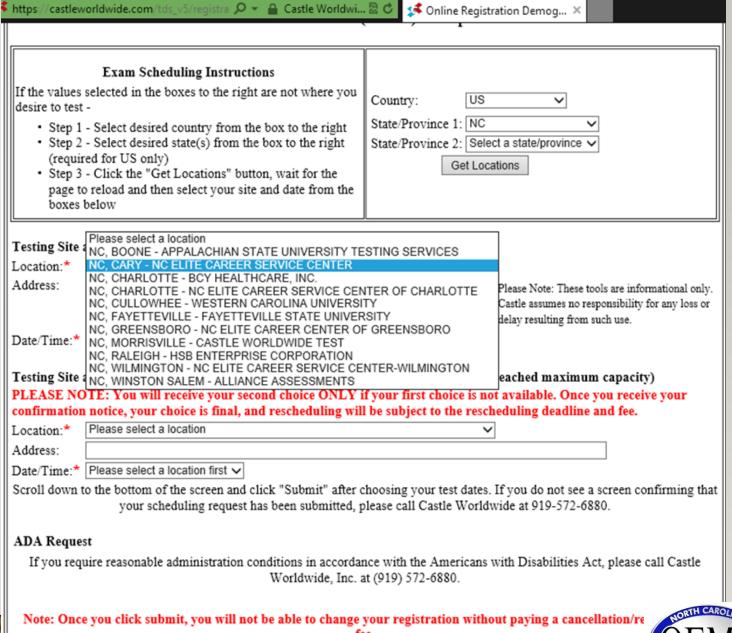
☐ All domestic test sites available (not limited to North Carolina)

Testing Site and Date



SELECTING A LOCATION

Next, the system will assist you in selecting an available testing session by test site location and test date. You will then pay the testing session fee of \$68 via secure ecommerce (credit card).



Submit

EMS OFFICE OF EMS

Exam Scheduling Instructions

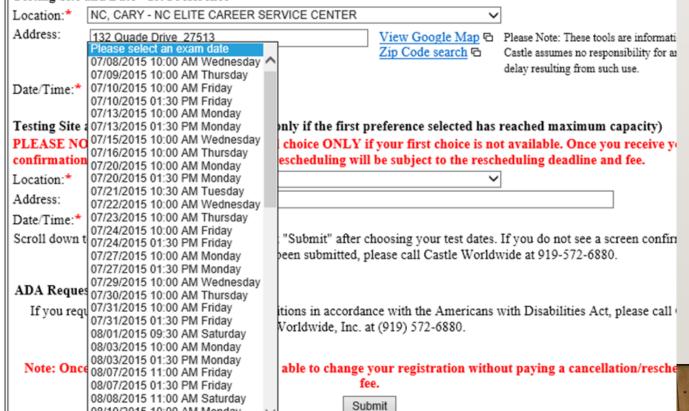
If the values selected in the boxes to the right are not where you desire to test -

- · Step 1 Select desired country from the box to the right
- Step 2 Select desired state(s) from the box to the right (required for US only)
- Step 3 Click the "Get Locations" button, wait for the page to reload and then select your site and date from the boxes below

08/10/2015 10:00 AM Monday 08/10/2015 01:30 PM Monday

Country:	US 🗸				
State/Province 1:	NC	~			
State/Province 2:	Select a state/province	~			
Get Locations					

Testing Site and Date - 1st Preference



SELECTING AVAILABLE TIME

YOU MUST SUBMIT YOUR TEST SCHEDULING REQUEST AT LEAST FOUR(4) DAYS PRIOR TO YOUR PREFERRED TEST DATE, AND YOUR TESTING SESSION MUST BE SCHEDULED WITHIN YOUR 90-DAY ELIGIBILITY PERIOD.



Castle Worldwide SCHEDULING CONFIRMATION NOTICE (Admission Ticket)

Date: Mar 02, 2015 To: Demo Test

From: Castle Worldwide, Inc.

Please note: this notice is more than one page. You must print all pages and bring them with you to the testing appointment.

We have confirmed the following examination request:

Your test(s) is/are: DEMO EXAMINATION

Your testing date is: Apr 06, 2015

Your assigned test site is: CASTLE WORLDWIDE TEST

Your assigned test site address is: 900 PERIMETER PARK DRIVE SUITE #G

MORRISVILLE, NC 275603

Your reporting location is: 900 PERIMETER PARK DRIVE SUITE #G

Your Exam Password is: 86950349
Your reporting time is: 08:45 AM
Exam Duration: 4 hours
Map: Google Map

Please Note: The map and/or directions above are informational only. Castle Worldwide, Inc. and the exam sponsor assume no responsibility for any loss or delay resulting from such use.

Parking facilities may vary per exam site. Arrive early to allow time to park.

To view a demonstration of the online test delivery system, please view this free sample test. Please note: the content of the sample examination does not include content from the actual examination.

For security purposes, you may not keep this confirmation notice with you while you are testing. If you would like this notice back at the conclusion of your testing session, please notify the proctor before you begin your exam.

TO BE ADMITTED TO THE EXAMINATION YOU MUST:

- Submit this <u>CONFIRMATION NOTICE</u> to the proctor.
- Bring a <u>current, government-issued photo identification with signature (Driver's license, immigration card, passport, State ID card, or military ID card)</u>. You will NOT be admitted without proper identification.
- · Original documents are required.
- Your first and last name on this notice must match the first and last name on your identification exactly.
- Nicknames are not acceptable.
- If you have more than one last name listed on your government-issued photo ID, the same last names must be reflected on the confirmation email.
- If you have a hyphenated last name, it must be hyphenated on both the identification and on this notice in
 order to be admitted. Presenting name change documentation (marriage license, etc) at the testing center is

[Additional information included in the Confirmation email not shown here due to length]

EMAIL CONFIRMATION

Upon submission and payment of the testing fee, Castle will send you an email confirmation notice which will include the test location, test date, and reporting time for your testing session, as well as a list of items that you should and should not bring to the testing center.

- You must print the confirmation notice and bring it to the testing center on your test date.
 With a current photo identification that includes your signature.
- •For information regarding cancellation of exam, please see the companion document "NCOEMS Computer-based Test Administration".

